

ARTICLES OF DISSOLUTION
FOR A NONPROFIT CORPORATION

Form 7.134.103.1 revised 11/21/2001

Filing fee: \$10.00 This document must be typed or machine printed.

If more space is required, continue on attached 8½" x 11" sheet(s).

Deliver 2 copies to: Colorado Secretary of State, Business Division,
1560 Broadway, Suite 200, Denver, CO 80202-5169

Please include a typed or machine printed, self-addressed, envelope.

For filing requirements, see §§ 7-90-301 and 7-134-103, Colorado Revised Statutes

For more information, see the *Citizen's Guide to the Business Division* on our

Web site, www.sos.state.co.us Questions? Contact the Business Division:

voice 303 894 2251, fax 303 894 2242 or e-mail sos.business@state.co.us ABOVE SPACE FOR OFFICE USE ONLY

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DONETTA DAVIDSON
COLORADO SECRETARY OF STATE

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SECRETARY OF STATE
01-17-2002 16:03:48

Pursuant to § 7-134-103, Colorado Revised Statutes (C.R.S.), the undersigned delivers these Articles of Dissolution to the Colorado Secretary of State for filing, and states as follows:

1. The name of the nonprofit corporation is: FAMILY SERVICES COLORADO, INC
2. The address of the nonprofit corporation's principal office or, if different from the address of the principal office or if no principal office is to be maintained, the address to which service of process may be mailed pursuant to § 7-134-102: P.O. Box 193
Longmont CO 80502
3. Date dissolution was authorized December 29th, 2001
4. Dissolution was authorized, pursuant to § 7-134-101, by ☒ Directors ☐ Incorporators

OR

☐ Dissolution was approved by the members, pursuant to § 7-134-102, and the number of votes cast for the proposal to dissolve by each voting group entitled to vote separately on the proposal was sufficient for approval by that voting group.

6. The name of the corporation after the effective date of dissolution shall be FAMILY SERVICES COLORADO dissolved Colorado nonprofit corporation, 12/29/01
(Name of corporation before dissolution) (year)

5. The address to which the Secretary of State may send a copy of this document upon completion of filing (or to which the Secretary of State may return this document if filing is refused) is: P.O. Box 193, Longmont CO 80502

BPmdeast

(individual's signature)

Signer's Name-printed Barry Prendergast

Signer's Title Director

OPTIONAL. The electronic mail and/or Internet address for this entity is/are: e-mail _____

Web site _____

The Colorado Secretary of State may contact the following authorized person regarding this document: name _____

address _____

voice _____ fax _____ e-mail _____

Disclaimer: This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

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